

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1								51						
2								52						
3								53						
4		2						54						
5								55						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3		↓					TOTAL IND.			↓			
TOTAL DEP.	3	←		↓				TOTAL DEP.			↓			←
TOTAL CLAIMS	6	██████████		██████████				TOTAL CLAIMS	██████████		██████████			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS